CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

STATEMENT OF ECONOMIC INTERESTS

(MIDDLE)

STATE

ZID CODE

RECEIVED COVER PAGE

(FIRST)

Please type or print in ink.

NAME

(LAST)

2011 JAN 20 PM 1: 44

Roberts	John
MANI INC ADDRESS STREET	CITY
1. Office, Agency, or Court	
Name of Office, Agency, or Court:	
Division, Board, District, if applicable:	
Division, Board, District, if applicable:	
	
Your Position:	
Council Member	
► If filing for multiple positions, list ad position(s): (Attach a separate sh	
Agency:	
Position:	

2. Jurisdiction of Office (Che	ck at least one box)
☐ State	
County of	
City of Pontana	
☐ Multi-County	
☐ Other	
P	
3. Type of Statement (Check	at least one box)
Assuming Office/Initial Date:	12 /08 / 10
Annual: The period covered is Jar through December 31, 2009.	nuary 1, 2009,
-or-	
O The period covered is/ December 31, 2009.	/, through
Leaving Office Date Left:/_ (Check one)	
O The period covered is January date of leaving office.	1, 2009, through the
-or-	
O The period covered is/ the date of leaving office.	/, through
Candidate Election Year:	

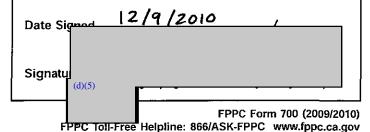
1 Schodulo Summary				
4. Schedule Summary ► Total number of pages including this cover page:				
► Check applicable schedules or "No reportable interests."				
I have disclosed interests on one or more of the attached schedules:				
Schedule A-1				
Schedule A-2 Yes – schedule attached Investments (10% or Greater Ownership)				
Schedule B				
Schedule C Yes – schedule attached Income, Loans, & Business Positions (Income Other than Gifts and Travel Payments)				
Schedule D Yes – schedule attached Income – Gifts				
Schedule E				
-or-				
No reportable interests on any schedule				

DEC 9 2010

5. Verification

I have used all reasonable diligence in preparing this statement. I have reviewed this statement and to the best of my knowledge the information contained herein and in any attached schedules is true and complete.

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



CALIFORNIA FORM FAIR POLITICAL PRACTICES COMMISSION

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NAME

(LAST)

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STATEMENT OF ECONOMIC INTERESTS REGETVED HAR POLITICOVER PAGE HACTICES CONTAINSTON

(MIDDLE)

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2011 JAN 20^A Public Pocument

(FIRST)



OPTIONAL: E-MAIL ADDRESS

Roberts MAILING ADDRESS STREET	John	
(Business Address Acceptable) (d)(5)		
1. Office, Agency, or Court		4. Scl
Name of Office, Agency, or Court:		► Total
City of Fontana		inclu
Division, Board, District, if applicable:		► Chec
V Davidina	<u> </u>	i hav
Your Position:		attac
City Council Member		Sche
▶ If filing for multiple positions, list additional position(s): (Attach a separate sheet if		Invest
Agency:		Sche Invest
Agency.		
Position:		Sche Real
		0-5-
2. Jurisdiction of Office (Check at	Josef and bayl	Sche
	least one box)	and Tra
☐ State		Sche
County of		Incom
☑ City of Fontana		Sche
Multi-County	<u></u> .	Incom
Other	<u> </u>	
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3. Type of Statement (Check at lea	ast one box)	
Assuming Office/Initial Date: 12	, 08 , 10	
Aπ	menament	5. Veri
Annual: The period covered is January through December 31, 2009.	1, 2009,	1 have
-Or-		stateme
O The period covered is//	, through	of my kr attached

Leaving Office Date Left: ____/___/_

date of leaving office.

O The period covered is _

the date of leaving office.

Election Year:

O The period covered is January 1, 2009, through the

(Check one)

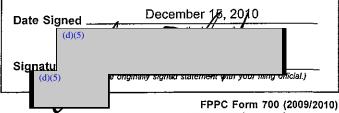
Candidate

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Schedule D					
Schedule E Yes – schedule attached Income – Gifts – Travel Payments					
-or-					
No reportable interests on any schedule					

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FPPC Toll-Free Helpline: 866/ASK-FPPC www.fppc.ca.gov

SCHEDULE D Income - Gifts

CALIFORNIA FORM 700
FAIR POLITICAL PRACTICES COMMISSION
Name

Roberts, John B.

► NAME OF SOURCE		► NAME OF SOURCE	Ē		
Best, Best & Krieger					
ADDRESS (Business Address Accepta	ble)	ADDRESS (Busines	ADDRESS (Business Address Acceptable)		
3500 Porsche Way, Suite 2	00 Ontario, CA 91764	11			
BUSINESS ACTIVITY, IF ANY, OF SOI		BUSINESS ACTIVITY, IF ANY, OF SOURCE			
League Conference in Sept	ember in San Diego, CA				
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
<u>09 , 15 , 10</u> <u>\$ 123.34</u>	Reception and Dinner		\$		
\$			\$		
\$			\$		
► NAME OF SOURCE		► NAME OF SOURCE	=		
ADDRESS (Business Address Acceptal	ble)	ADDRESS (Busines	s Address Acce	aptable)	
BUSINESS ACTIVITY, IF ANY, OF SOL	JRCE	BUSINESS ACTIVIT	Y, IF ANY, OF	SOURCE	
DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
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\$			\$		
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NAME OF SOURCE		► NAME OF SOURCE	:		
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DATE (mm/dd/yy) VALUE	DESCRIPTION OF GIFT(S)	DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)	
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\$			\$		
Comments:		· 			